

## PRESENTER QUESTIONNAIRE

Please provide all of the information requested below. A completed Presenter Questionnaire must be on file in the Tour office before booking for the 2003-2004 season can be confirmed. To ensure equity, the forms will be recorded with the date received and considered on a first-come, first-serve basis. Every presenter must file a new form each season. The Council reserves the right to deny a request if paperwork and/or payment from prior years has not been completed.

**MAIL FORM TO** Utah Arts Council UPAT  
Attn: Anna Boulton  
617 East South Temple  
Salt Lake City, UT 84102

**OR FAX FORM TO** 801-236-7556

You will receive a letter confirming that your request has been received within four weeks

### ORGANIZATION INFORMATION

NAME OF ORGANIZATION			
ADDRESS		CITY	ZIP
DAYTIME TELEPHONE	EVENING/CELL	EMAIL	
CONGRESSIONAL DISTRICT	STATE SENATOR		STATE REPRESENTATIVE
BRIEF DESCRIPTION OF ORGANIZATION (COMPLETE ONLY IF YOU HAVE NOT USED THE TOUR BEFORE.) <i>INCLUDE NONPROFIT STATUS OF AFFILIATION WITH UMBRELLA NONPROFIT, SCOPE OF SERVICES AND PROGRAMS. CAN ATTACH BROCHURES. ETC.</i>			

### UPAT 2003-2004 REQUESTS

1	ARTIST NAME	PROJECTED DATE	UAC SUPPORT	PRESENTER COST
2	ARTIST NAME	PROJECTED DATE	UAC SUPPORT	PRESENTER COST
3	ARTIST NAME	PROJECTED DATE	UAC SUPPORT	PRESENTER COST
4	ARTIST NAME	PROJECTED DATE	UAC SUPPORT	PRESENTER COST
UAC WILL PAY A MAXIMUM OF \$2,500 per organization				

### PRESS PACKET

<b>PLEASE NOTE BLOCK BOOKING REQUIREMENTS FOR ALL OUT OF STATE ARTISTS</b> (SEE GENERAL INFORMATION)		
Do you produce a season brochure for which you need photographs and press information? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, indicate date by which you need to receive press kits:      /      /		
DESCRIBE PRESENTING ACTIVITY		
TOTAL NUMBER OF EVENTS TO BE PRESENTED	AVERAGE ARTISTS'S FEE	AVERAGE SEASON TICKET PRICE

### FACILITY INFORMATION

IF SEVERAL WILL BE USED, ATTACH A BRIEF DESCRIPTION OF ADDITIONAL SPACES USED AND WHICH PERFORMANCES THEY WILL BE USED FOR.	
NAME OF FACILITY	CONTACT PERSON FOR FACILITY
TELEPHONE AT PERFORMANCE SITE	AUDIENCE CAPACITY
<b>TYPE OF FACILITY</b> <input type="checkbox"/> PROCENIUM W/O FLY SPACE <input type="checkbox"/> PROSCENIUM WITH FLY SPACE <input type="checkbox"/> MULTI-PURPOSE AUDITORIUM W/O STAGE <input type="checkbox"/> MULTI-PURPOSE AUDITORIUM WITH STAGE <input type="checkbox"/> OTHER      Please describe	

### FOR OFFICE USE ONLY

DATE RECEIVED	ACCEPT LETTER	WAIT LIST LETTER
PRESS PACKETS MAILED		
NOTES		